

**FEC  
FORM 3P**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE  
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

RECEIVED  
FEC MAIL CENTER

2016 OCT 11 AM 9:51  
Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5  
C00587758

AMERICANIS FOR DAVID LIDRACE FOR PRESIDENT 2016

ADDRESS (number and street)

2103 S 7th Street



Check if different  
than previously  
reported. (ACC)

West Helena

CITY

AR

STATE

72390

ZIP CODE

2. FEC IDENTIFICATION NUMBER ►

C00587758

3. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER) ☐

Quarterly Reports:

☐ April 15 (Q1) ☒ October 15 (Q3)  
☐ July 15 (Q2) ☐ January 31 Year-End Report (YE)

Monthly Reports:

☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

☐ 12-Day Pre-Election Report for the Election on

MM / DD / YYYY in the State of

☐ 30-Day Post-Election Report for the General Election on

MM / DD / YYYY

4. IS THIS REPORT AN AMENDMENT?

☐ yes

☒ no

5. COVERING PERIOD

MM / DD / YYYY THROUGH MM / DD / YYYY  
07 / 01 / 2016 THROUGH 09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

David Friedberg

Signature of Treasurer

*David Friedberg*

Date

MM / DD / YYYY  
10 / 05 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.  
All previous versions of this form are obsolete and should no longer be used.

Office  
Use  
Only

Write or Type Committee Name

Americans for David Libragec for President 2016

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2016

To:

MM / DD / YYYY  
09 / 30 / 2016

## SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD ..... 00

7. TOTAL RECEIPTS THIS PERIOD  
(From Line 22, Column A, Page 3) ..... 00

8. SUBTOTAL  
(Lines 6 and 7) ..... 00

9. TOTAL DISBURSEMENTS THIS PERIOD  
(From Line 30, Column A, Page 4) ..... 00

10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD  
(Subtract Line 9 from 8) ..... 00

11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE  
(Itemize All on Schedule C-P or Schedule D-P) ..... 00

12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE  
(Itemize All on Schedule C-P or Schedule D-P) ..... 00

13. EXPENDITURES SUBJECT TO LIMITATION  
(Use the worksheet on Page 8 to calculate this amount.) ..... 00

## NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans)  
(Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3) ..... 00

15. NET OPERATING EXPENDITURES  
(Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4) ..... 00

2016-10-10 10:00:00 AM

# DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 05/2016)

of Receipts

Page 3

NAME OF COMMITTEE (in Full)

Americans for David Lubrick 2016

Report Covering the Period:

From:

07 / 01 / 2016

To:

09 / 30 / 2016

## I. RECEIPTS

COLUMN A  
Total This Period

COLUMN B  
Election Cycle-to-Date

16. FEDERAL FUNDS (Itemize on Schedule A-P).....	00	00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized .....	00	00
(ii) unitemized .....	00	00
(iii) Total contributions .....	00	00
(b) Political Party Committees.....	00	00
(c) Other Political Committees .....	00	00
(d) The Candidate.....	00	00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)) .....	00	00
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	00	00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate.....	00	00
(b) Other Loans.....	00	00
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....	00	00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating .....	00	00
(b) Fundraising.....	00	00
(c) Legal and Accounting .....	00	00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c)) .....	00	00
21. OTHER RECEIPTS (Dividends, Interest, etc.).....	00	00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) .....	00	00

2016-10-11 09:00:00

# **DETAILED SUMMARY PAGE** of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

Americans for David Lubner 2016

Report Covering the Period:

From:

07

01

2016

To:

09

30

2016

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

23. OPERATING EXPENDITURES.....	00	00
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	00	00
25. FUNDRAISING DISBURSEMENTS .....	00	00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	00	00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate .....	00	00
(b) Other Repayments .....	00	00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)) .....	00	00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	00	00
(b) Political Party Committees .....	00	00
(c) Other Political Committees .....	00	00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)) .....	00	00
29. OTHER DISBURSEMENTS .....	00	00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	00	00

**III. CONTRIBUTED ITEMS**  
(Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) .....	00	00
---	----	----

2016-10-10 10:00:00 AM

ALLOCATION OF PRIMARY EXPENDITURES  
BY STATE FOR  
A PRESIDENTIAL CANDIDATE  
(Used Only by Primary Committees Receiving  
or Expecting To Receive Federal Funds)

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C00587758

Americans for David Libraco for President 2014

ADDRESS (number and street)

203 S 7th Street

West Helena

CITY

AR

STATE

72390

ZIP CODE

3. NAME OF CANDIDATE

DAVID LIBRACO

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	00	00
Alaska	00	00
Arizona	00	00
Arkansas	00	00
California	00	00
Colorado	00	00
Connecticut	00	00
Delaware	00	00
District of Columbia	00	00
Florida	00	00
Georgia	00	00
Hawaii	00	00
Idaho	00	00
Illinois	00	00

STATE

ALLOCATION This Period

TOTAL ALLOCATION To Date

Page 6

Indiana	00	00
Iowa	00	00
Kansas	00	00
Kentucky	00	00
Louisiana	00	00
Maine	00	00
Maryland	00	00
Massachusetts	00	00
Michigan	00	00
Minnesota	00	00
Mississippi	00	00
Missouri	00	00
Montana	00	00
Nebraska	00	00
Nevada	00	00
New Hampshire	00	00
New Jersey	00	00
New Mexico	00	00
New York	00	00
North Carolina	00	00
North Dakota	00	00
Ohio	00	00
Oklahoma	00	00
Oregon	00	00
Pennsylvania	00	00

STATE

ALLOCATION This Period

TOTAL ALLOCATION To Date

Page 7

Rhode Island	00	00
South Carolina	00	00
South Dakota	00	00
Tennessee	00	00
Texas	00	00
Utah	00	00
Vermont	00	00
Virginia	00	00
Washington	00	00
West Virginia	00	00
Wisconsin	00	00
Wyoming	00	00
Puerto Rico	00	00
Guam	00	00
Virgin Islands	00	00
TOTALS	00	00

# EXPENDITURES SUBJECT TO LIMITATION

FEC Form 3P

(Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

Page 8

NAME OF COMMITTEE (in Full)

Americans for David Lubner for Prisoner 2016

Report Covering the Period:

From:

07 / 01 / 2016

To:

09 / 30 / 2016

**A. OPERATING EXPENDITURES**

(Line 23, Column B)

00

**B. OPERATING OFFSETS**

(Line 20a, Column B)

06

**C. NET OPERATING EXPENDITURES (for the election cycle)**

(Subtract Line B from A)

06

**D. FUNDRAISING DISBURSEMENTS**

(Line 25, Column B)

06

**E. OFFSETS TO FUNDRAISING DISBURSEMENTS**

(Line 20b, Column B)

06

**F. NET FUNDRAISING DISBURSEMENTS (for the election cycle)**

(Subtract Line E from D)

00

**G. 20% EXEMPTION**

(20% of Overall Expenditure Limit)

06

**H. TOTAL FUNDRAISING DISBURSEMENTS SUBJECT TO LIMIT**

(Subtract Line G from F)

00

**I. TOTAL EXPENDITURES SUBJECT TO LIMITATION**

(Add Lines C and H)

00



**SCHEDULE A-P**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americans for David Libree 2016

A. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

Amount of Each Receipt this Period

Amount of Each Receipt this Period

☐

Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

Amount of Each Receipt this Period

Amount of Each Receipt this Period

☐

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

Amount of Each Receipt this Period

Amount of Each Receipt this Period

☐

Memo Item

Subtotal Of Receipts This Page (optional).....

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americans for David Librace 2014

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

2016-10-11 09:00:24

**SCHEDULE C-P**  
**LOANS**

Use separate schedule(s) for each category  
of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: ☐ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)

Americans for David Librice for President 2016

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

Zip Code

☐ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

**TERMS**

Date Incurred

Date Due

Interest Rate (if none, enter 0)

Secured:

M M /

D D /

Y Y Y Y Y

M M /

D D /

Y Y Y Y Y

% (apr)

☐ Yes ☐ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary Page.

LOANS AND LINES OF CREDIT FROM  
LENDING INSTITUTIONS

Supplementary for Information found  
on Page \_\_\_ of Schedule C-P

NAME OF COMMITTEE (in full, type or print)

FEC IDENTIFICATION NUMBER

C00587758

Americicans for David Librayer for President 2016

FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)

CITY STATE ZIP CODE

AMOUNT OF LOAN

INTEREST RATE (APR)

%

DATE INCURRED OR ESTABLISHED

DATE DUE

A. Has loan been restructured?

No Yes

If yes, date originally incurred:

B. If line of credit:

Amount of this draw

Total outstanding balance

C. Are other parties secondarily liable for the debt incurred?

No Yes

(Endorsers and guarantors must be reported on Schedule C-P)

D. Are ANY of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?

No Yes

If yes, specify:

What is the value of this collateral:

Does the lender have a perfected security interest in it?

No Yes

E. Are any future contributions or future receipts of interest income, or future receipts of public financing pledged as collateral for this loan?

No Yes

If yes, specify:

What is the estimated value?

A depository account must be established pursuant to

11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established:

Location of account:

CITY STATE ZIP CODE

Date debtor authorized the Secretary of the U.S. Treasury to make direct deposits of public financing payments to the depository account:

**F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and demonstrate that it assures repayment.**

\_\_\_\_\_

\_\_\_\_\_

**G. Type or Print Name of Committee Treasurer**

A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting data points.

Signature of Treasurer

Date \_\_\_\_\_

**H. Attach a signed copy of the loan agreement.**

**I. TO BE SIGNED BY THE LENDING INSTITUTION:**

1. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
2. The loan was made on terms and conditions (including interest rate) no more favorable at the time that those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
3. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth in 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

Type or Print Name of Authorized Representative

**Title**

Signature of Treasurer

Date \_\_\_\_\_

# SCHEDULE D-P

## DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE OF

FOR LINE NUMBER:  
(check only one)

11

12

NAME OF COMMITTEE (In Full)

Americans for David Libere for President 2016

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C-P (last page only) .....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

## CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used by a Principal Campaign Committee)

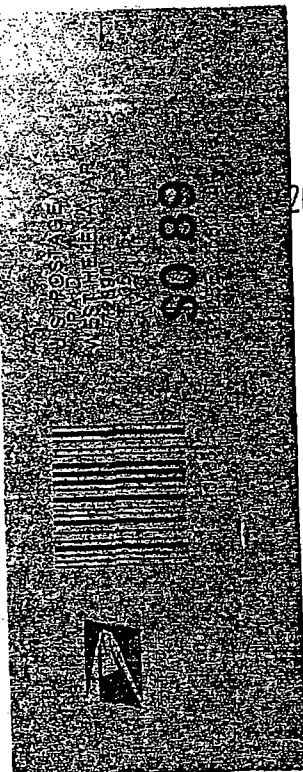
NAME OF PRINCIPAL CAMPAIGN COMMITTEE				FROM		THROUGH		
	COMMITTEE NAME	(a) Column B Line 16 Federal funds	(b) Column B Line 17(e) Total contributions (other than loans)	(c) Column B Line 18 Transfers from other authorized committees	(d) Column B Line 19 Loans and loan repayments received	(e) Column B Line 20(a) Offsets to operating expenditures		
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K	COLUMN TOTAL THIS PAGE .....							
L	COLUMN TOTAL LAST PAGE ONLY .....							
	(f) Column B Line 20(b) Offsets to fundraising disbursements	(g) Column B Line 20(c) Offsets to exempt legal and accounting disbursements	(h) Column B Line 21 Other receipts	(i) Column B Line 22 Total receipts (Add columns (a) through (h))	(j) Column B Line 23 Operating expenditures	(k) Column B Line 24 Transfers to other authorized committees	(l) Column B Line 25 Fundraising disbursements	(m) Column B Line 26 Exempt legal and accounting disbursements
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
L								
	(n) Column B Line 27 Loans and loan repayments made	(o) Column B Line 28(d) Total contribution refunds	(p) Column B Line 29 Other disbursements	(q) Column B Line 30 Total disbursements (Add columns (j) through (p))	(r) Line 6 Cash on hand at beginning of the reporting period	(s) Line 10 Cash on hand at close of the reporting period	(t) Line 11 Debts and obligations owed TO the committee	(u) Line 12 Debts and obligations owed BY the committee
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
L								

2010-11-11 10:00:00 AM

Frederick Friedberg  
203 S 7th  
West Helena, AR 72390

RECEIVED  
FEC MAIL CENTER

2016 OCT 11 AM 9:51



Federal Election Commission  
Attn: Filing Desk  
999 E Street NW  
Washington DC 20463





Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>10-5-2016</i> Date of Receipt <i>10-11-2016</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Bew's</i> PREPARER (3/2015)	<i>10-11-2016</i> DATE PREPARED

2016-11-10 10:00:00